



Closing the Gap

IMPROVING ACCESS
TO DENTAL CARE
IN RHODE ISLAND

A REPORT OF THE RHODE ISLAND ORAL HEALTH ACCESS PROJECT

Special thanks to [The Robert Wood Johnson Foundation](#) for funding the Rhode Island Oral Health Access Project through its State Action for Oral Health Access Initiative. The Initiative was designed to test comprehensive state approaches to improve access to oral health services for low-income, minority and disabled populations served through Medicaid, the State Children's Health Insurance Project (SCHIP) and the public health system.

[The Rhode Island Oral Health Access Project](#) is a partnership of the Rhode Island Department of Human Services, The Rhode Island Foundation and Rhode Island KIDS COUNT. Rhode Island was one of six states (including Arizona, Oregon, Pennsylvania, South Carolina and Vermont) selected by The Robert Wood Johnson Foundation to receive funds to increase access to dental services for children and families covered by Medicaid/RIte Care and for those underserved for dental care.

The Rhode Island Oral Health Access Project builds on the work and recommendations of the [Rhode Island Special Senate Commission on Access to Oral Health](#), chaired by Senator Elizabeth Roberts.

This report highlights the progress made in dental care access over the three years of the initiative and the work still to be done if all Rhode Islanders are to have access to affordable, high quality oral health services.

Design: Gene Yoon

Photographs: Peter Goldberg

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Why

CLOSE
THE GAP?

Oral Health *Is* Health

- ✓ Oral health is an integral, but often overlooked, part of overall health for children and adults.
- ✓ Dental caries (otherwise known as tooth decay) is the most common preventable chronic childhood disease in the United States.
- ✓ Children who cannot eat, sleep, speak, or learn because they have dental pain will not succeed in school.
- ✓ Tooth decay is an infectious, progressive, cumulative disease that becomes more complex over time—and which is almost completely preventable.
- ✓ Research shows evidence of associations between oral infections and other diseases, such as pre-term, low birth weight babies and heart disease, lung disease, diabetes and stroke among adults.

[SOURCE: Rhode Island KIDS COUNT Issue Brief, "Access to Dental Care for Children in Rhode Island," October 2004.]



Improved Dental Care Access for Vulnerable Populations

Children enrolled in Rte Care and other Medical Assistance programs are legally entitled to comprehensive dental benefits under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit of the federal Medicaid program.

Rhode Island KIDS COUNT's October 2004 Issue Brief, "[Access to Dental Care for Children in Rhode Island](#)," describes the children at greatest risk for unmet dental needs, the dental care services available, the dental workforce, and the limitations of dental services offered through the Medical Assistance program. The following recommendations were made:

- ✓ Increase Medicaid funds dedicated to dental services for children.
- ✓ Implement a Dental Benefits Manager to reduce access barriers and increase accountability for providing comprehensive dental services.
- ✓ Increase reimbursement rates paid by Medical Assistance for dental and oral health services.

About 80% of tooth decay occurs in only 25% of children — primarily those from low-income families.

- ✓ Continue to strengthen the dental services infrastructure of dental safety net providers.
- ✓ Develop local and statewide data systems for oral health.
- ✓ Implement recruitment and retention strategies for dental professionals.

Older adults suffer from the cumulative toll of oral diseases during their lifetimes. Nursing home residents with teeth suffer particularly from untreated tooth decay, while those without teeth also have a variety of oral health problems. Rhode Island received a grade of “D” for dental coverage among older adults in a 2003 report by Oral Health America.



In June 2005, The Rhode Island Foundation issued a report “Oral Health Care in Rhode Island Nursing Homes: The Crisis and Possible Solutions,” which describes the scope of the problem and identifies

specific solutions for Rhode Island, including strategies that have been shown to be cost-effective in other states. Highlighted recommendations include:

- ✓ A mobile dental office model (similar to the one developed by Apple Tree Dental of Minneapolis, MN) should be piloted for a two-year period.
- ✓ The state Board of Dental Examiners should consider changing the scope of practice for dental hygienists in public health settings, including nursing homes, as has been done successfully in other states.
- ✓ Incentives for dentists who treat nursing home residents should be explored, including loan repayment programs, tax incentives and reimbursement for dentists for travel time among nursing homes.

Funding to implement the recommendations made in The Rhode Island Foundation report was not approved in the 2005 session of the General Assembly. Advocacy groups plan to support these recommendations again during the 2006 legislative session.



Rhode Island Oral Health Access Project

The Rhode Island Oral Health Access Project has worked over the last three years to increase the capacity of the dental care system, to build public will for providing access to affordable dental care for Rhode Island's vulnerable populations, and to develop effective financing strategies to ensure that all children have access to prevention and treatment services.

None of these ends will be accomplished without public/private partnerships between and among the state legislature, government agencies, community and corporate foundations, dental care providers, other health care providers, advocates, dental and medical insurers, educators and early childhood programs, nursing homes, and many others.

In Federal Fiscal Year 2005, **44%** of children enrolled in RItE Care received any dental services. Fewer than **two in five (39%)** of children received diagnostic services, **36%** received preventive services, and **21%** received treatment services.

The Rhode Island Oral Health Access Project has been the embodiment of a public/private partnership that has produced results:

- ✓ More children will now receive dental services at dental centers and in schools throughout Rhode Island.
- ✓ New points of access for dental services have been created and will be sustained.
- ✓ More dentists are working in more dental centers, serving the most vulnerable populations.
- ✓ More pediatric dentists, general practice dentists, and dental assistants are being trained in Rhode Island.
- ✓ A new dental benefits delivery system will be implemented for Rhode Island's youngest children.
- ✓ Specific solutions to dental access problems faced by children and the elderly have been identified.





Call to Action: Much Remains To Be Done

The well-documented positive health outcomes achieved by RItE Care have put Rhode Island on the map as a national leader in children's health. Adults who are elderly, disabled, and/or without dental insurance also are in need of increased access to oral health services.

The Rhode Island Oral Health Access Project has made progress in closing the gap in access for these populations, but there is still important work to be done, including:

- ✓ The capacity of [hospital-based dental centers](#) must be maintained and expanded through capital improvements, adequate reimbursement rates for primary dental care and specialty services, and workforce development and retention strategies.
- ✓ The capacity of [community health centers](#) to offer dental services must be maintained and expanded. This can be achieved through capital improvements, adequate reimbursement rates to support the increasing diversity of services provided in clinical and non-clinical settings, and workforce development and retention strategies.

Children enrolled in RItE Care and other Medical Assistance programs continue to have insufficient access to dental care services.

- ✓ Adequate reimbursement rates must be provided for private dentists and specialists.
- ✓ The following Special Senate Commission on Oral Health recommendations must be implemented:
 - Pursue additional funding to expand dental services to uninsured and Medicaid insured patients in underserved communities.
 - Increase the extent to which physicians, nurses and physician assistants provide oral hygiene instruction, assessments, and referrals for dental care to pregnant women, infants and toddlers.
 - Continue to expand the Smiles model of school-linked dental services to additional schools in Rhode Island.
 - Address workforce issues that impact access to dental care, including the current shortage of dentists practicing in underserved areas and the dearth of pediatric dentists.
 - Change the Rhode Island Dental Practice Act and the attendant rules and regulations to promote access to quality dental care for underserved populations.



- ✓ Foundations and charities must maintain and expand their commitment to oral health issues.
- ✓ Rhode Island must develop local and statewide data systems for access to dental care and oral health to inform policy changes and measure progress.



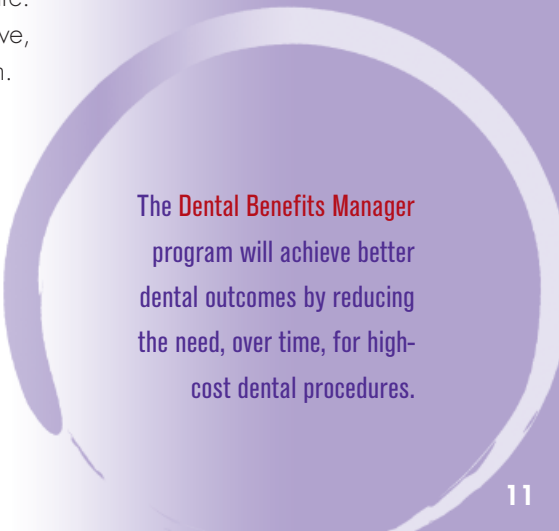
DBM

THE DENTAL BENEFITS
MANAGER

Comprehensive Dental Care Services for Children

In order to improve access to dental care services for children covered under the Rhode Island Medical Assistance Program, a key component of the Rhode Island Oral Health Access Project has been development of the Dental Benefits Manager (DBM) program.

Building on the success of the state's Rlite Care program for medical care, the new delivery system uses a managed care model for dental care. Children will continue to be eligible for comprehensive, preventive, restorative and emergency dental services through the DBM program.



The **Dental Benefits Manager** program will achieve better dental outcomes by reducing the need, over time, for high-cost dental procedures.



Improved Access to Preventive Dental Care

Under this new delivery system, the Rhode Island Department of Human Services will contract with one or more specialized vendors (DBMs) on a pre-paid, capitated basis. This means that the DBM will be paid a set fee for each member each month.

The DBM will be responsible for ensuring access to comprehensive dental services to its members. The DBM must establish and maintain a network of participating dentists, pay claims to dentists, and provide interpreter and transportation services to its members, if needed.

Emphasis will initially be placed on prevention, including diagnostic, preventive and treatment services among very young children. The program will achieve better dental outcomes by reducing the need, over time, for high-cost dental procedures.

If the Rhode Island General Assembly were to appropriate additional funds, the age range for the DBM could be expanded to include more children and pregnant women.

Dental Benefits Manager—Questions and Answers

Q: When will the DBM program start?

A: Enrollment is scheduled to begin in May 2006, pending Centers for Medicare & Medicaid Services (CMS) waiver approval.

Q: How will the DBM increase access to care?

A: In several ways. First, the DBM will increase reimbursement rates paid to private dentists, which means that they will no longer be paid less than what it costs them to provide dental services. Second, the DBM will be responsible for making sure that there are enough dentists who participate in their network, which means that more dentists will be accepting patients with Medical Assistance. Third, the DBM will assist their members with finding dentists, transportation to their appointments, and interpreter services, if needed.

Q: Who will be eligible for the DBM program?

A: All children born on or after May 1, 2000 who are enrolled in Rlte Care, Rlte Share, or Medicaid fee-for-service, with the exception of children residing outside Rhode Island, those with other dental insurance, and those living in long-term care facilities.

Q: What about children born before May 1, 2000?

A: Current funding only allows for children under the age of six to be enrolled in the DBM program. Children will “age into” the program, thus continuing their participation as they get older. Children older than six will continue to receive their dental benefits under the fee-for-service Medicaid system.





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PROJECTS THAT CHANGED
ORAL HEALTH CARE
IN RHODE ISLAND

The Grants Program

of the Rhode Island Oral Health Access Project

Funding of \$737,308 was provided by [The Robert Wood Johnson Foundation](#) and awarded through a grants program administered by [The Rhode Island Foundation](#). Organizations throughout Rhode Island were invited to apply for funds to:

- ✓ Increase the supply of dentists, dental hygienists and dental assistants by increasing the number of graduates from training programs in the state.
- ✓ Increase the capacity of dental safety net providers that serve low-income or underserved children and adults.
- ✓ Expand the “Providence Smiles” model—a school-linked dental program—to the state’s other core cities.

Grants were awarded to 12 organizations for 15 projects throughout the state for an 18-month period. These projects have served as key building blocks to increase access for Rhode Island’s most vulnerable populations.

Every project funded through the Oral Health Access Project grants program has been sustained after the grant period and will continue to improve access to dental care for Rhode Island’s most vulnerable populations for years to come.



Increasing the Dental Workforce in Rhode Island

Quality oral health care is provided by a team of dentists, dental hygienists and dental assistants. An adequate and well-trained workforce is a critical element to ensuring access to dental care for all Rhode Islanders.

Rhode Island, like other states, is facing an aging population of dentists. Approximately half of all dentists currently practicing in Rhode Island are over the age of 50 and there are few dentists entering Rhode Island to replace them when they retire.

Rhode Island has no dental school, and because dental school graduates often practice in close proximity to their training site, Rhode Island is at a disadvantage in recruiting and retaining dentists to work in our state. With funding through the Rhode Island Oral Health Access Project, **Rhode Island now has two residency programs that will graduate a total of six dentists per year starting in 2007.**

Rhode Island has no dental school, and because dental school graduates often practice in close proximity to their training site, Rhode Island is at a disadvantage in recruiting and retaining dentists.

The dental hygiene occupation is projected to grow by 25% between 2000-2010, making it one of the fastest growing professions in the state. The number of dental assistants is also expected to increase over the coming decade. There currently are several training programs for dental hygienists and assistants in Rhode Island.

► Welfare to Work Program Trains Dental Assistants

Dental Assistant Partnership Program

This seven-week internship program will train individuals participating in the Family Independence Program to be dental assistants. A blend of classroom, laboratory and on-the-job clinical training offered by volunteer dentists, the program is scheduled to enroll its first class of five in February 2006. The interns are paid a stipend during training and the volunteer dentists may hire the intern after they complete the program. The program is a collaboration of the [Rhode Island Department of Human Services](#), the [Rhode Island Dental Association](#), [Rhode Island College](#) and the [Rhode Island Free Clinic](#).



Dental Workforce Symposium Highlights Need for Multiple Strategies

Rhode Island KIDS COUNT and The Rhode Island Foundation co-sponsored the **Rhode Island Dental Workforce Symposium** in December 2005. Discussion focused on the current availability and distribution of dental professionals, the projected outlook for these professions over the next decade, and current training opportunities in Rhode Island. The following recommendations for ensuring an adequate and appropriate dental workforce in Rhode Island emerged:

- ✓ Implement a range of strategies beginning with dental career awareness activities, programs that underwrite “slots” at dental schools, tuition reimbursement and loan repayment programs, and the expansion of the scope of practice for various dental professionals.
- ✓ Provide incentives to oral health professionals to pursue advanced training in specialty care and treating vulnerable populations.
- ✓ Broaden the definition of the “dental workforce” to include primary medical care providers, including pediatricians, family practice physicians, nurse practitioners, OB/GYNs, and other health professionals such as nutritionists and childbirth educators. Prevention and early detection can reduce the amount of dental disease experienced by children and adults, saving unnecessary pain and expense.

► Advanced Training for Dentists

Joseph Samuels Dental Center at Rhode Island Hospital

For 75 years, the Joseph Samuels Dental Center at Rhode Island Hospital has served a wide range of children and adults, and specializes in providing dental care to people with special health care needs.

With its grant from the Rhode Island Oral Health Access Project, Rhode Island Hospital established The Joseph S. Sinclair General Practice Residency (GPR) Program. Two general practice dentists will graduate from the program each year, with the first residents slated to enroll in July 2006.

The GPR program at Samuels Dental Center has leveraged additional funding in the amount of \$1 million, a gift from Rosalyn K. Sinclair and The Joseph S. and Rosalyn K. Sinclair Family Foundation, and \$675,000 from the federal Health Resources and Services Administration agency.

"We never would have been able to initiate this residency program without the support of the Rhode Island Oral Health Access Project."

Dental residency programs offer dentists advanced, specialized training beyond what they received during dental school in an area of their choosing, allowing them to become a specialist, a qualified teacher and/or a researcher. Residents learn to manage patients with complex dental and medical conditions.

The Pediatric Dental Center at St. Joseph Hospital for Specialty Care

St. Joseph Health Services operates two pediatric dental centers. Established in 1995, St. Joseph Hospital's Pediatric Dental Center in Providence provides more than 1,100 dental visits for children every month. Since opening in February 2004, Fatima Health Center's Pediatric Dental Clinic in Pawtucket has provided more than 275 patient visits per month.

In 2002, St. Joseph's Pediatric Dental Center in Providence began partnering with Lutheran Medical Center in New York to offer the Advanced Education in Pediatric Dentistry Program. Originally started with two pediatric dental residents per year, the program has nearly doubled its size, in part due to the grant it received from the Rhode Island Oral Health Access Project. A two-year program, there are now three residents in their second year of training and four residents in their first year.

In addition to completing rotations in specialty areas at local hospitals and conducting research, the residents provide dental care to children. Dental residents enrolled in this program provided more than 3,000 dental visits to Rhode Island children between July 2004 and September 2005.

"The dental center has decreased its wait time from nine months to four to six weeks as a direct result of the expansion of the dental residency program."



Strengthening the Dental Safety Net in Rhode Island



Safety net dental providers are those designed to deliver a significant level of dental care to uninsured, Medicaid, and other vulnerable patients.

The dental safety net for children in Rhode Island is currently comprised of 12 Federally Qualified Health Centers (FQHCs, also known as community health centers) with dental centers, three hospital-based dental centers (St. Joseph Hospital, Fatima Health Center, and Rhode Island Hospital), and the dental hygiene clinic at the Community College of Rhode Island. These dental centers provide care to thousands of Rhode Islanders of all ages, regardless of their insurance status or ability to pay. They are a critical component of the current health care system of our state.

Although these safety net programs are designed to serve the most vulnerable, their total capacity does not and cannot meet the needs of all who need dental care. Dentists in private practice who will provide care to the under-served are essential to ensuring adequate dental care for all Rhode Islanders.

Rhode Island's safety net dental providers currently do not have the capacity to meet the needs of all who require dental care.

► Expanded Dental Services at Community Health Centers

While only a few offered dental services ten years ago, community health centers throughout Rhode Island have started offering dental services. There are now dental clinics at community health centers in each of the six core cities (Central Falls, Newport, Pawtucket, Providence, West Warwick, and Woonsocket), as well as in Burrillville, Hope Valley, Wakefield, North Kingstown and on Block Island. Community health center dental clinics are slated to open in Cranston and Warwick in the next year. Community health centers have begun to offer dental services in schools, Head Start programs, elderly housing developments, and Boys and Girls Clubs.

Thundermist Health Center in West Warwick

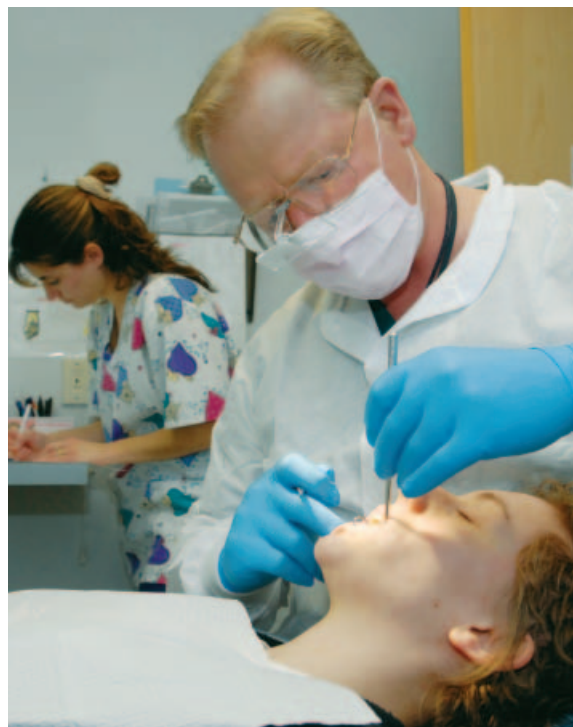
A Rhode Island Oral Health Access Project grant enabled Thundermist Health Center to open its third dental operator at its West Warwick location, which opened in March 2004. Thundermist treated 1,572 dental patients during the 18-month grant period, three-quarters of whom had incomes at or below 150% of the federal poverty threshold. About two-thirds of patients had Medical Assistance and one-third had no insurance. Nearly one-third of patients served were children and more than half of those children had at least four dental caries (cavities).

Providence Community Health Centers Dental Clinic

The Providence Community Health Centers opened its new dental clinic at 557 Broad Street in Providence in May 2005, using a grant from the Rhode Island Oral Health Access Project along with other funds. Specializing in the treatment of children under the age of 18 and pregnant women, the five-operator clinic has bi-lingual (Spanish/English) dental staff. Dental students from Boston University also are slated to begin working at the clinic starting in Spring 2007. In its first four months of operation, more than 1,100 children and women received dental care. The demand for care has been so great that the dental clinic began recruiting for a second dentist within a few months of opening.

Dental Safety Net Provider Committee

Using a grant from the Rhode Island Oral Health Access Project, the Rhode Island Health Center Association facilitated the Dental Safety Net Provider Committee, which is comprised of dental providers from community health centers, hospital based dental centers, correctional settings, and other community dental programs. The Committee has addressed group purchasing of dental equipment and supplies, recruitment and retention strategies for dental staff and students, and referrals to dental specialists. The Committee will continue to address joint issues of concern.



Ronald McDonald Care Mobile

A joint venture between three Community Health Centers will bring a Ronald McDonald Care Mobile to Rhode Island in 2006. The Care Mobile is a 40-foot van with two fully-equipped dental operatories. Comprehensive Community Action Program, East Bay Community Action Program, and Thundermist Health Center will provide dental services to children in 20 communities each year. The grant from the Rhode Island Oral Health Access Project leveraged a vehicle donation worth approximately \$500,000 and up to \$100,000 per year for five years from the Ronald McDonald House Charities of Eastern New England.

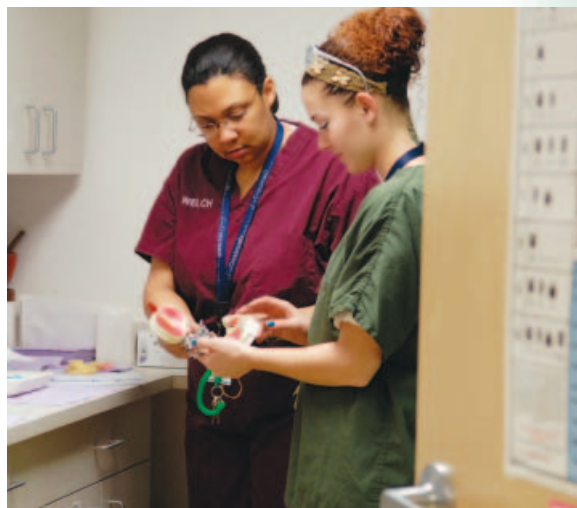
► Dental Services for Homeless Children and Adults

Crossroads Rhode Island — Broad Street Dental Clinic, Providence

Crossroads Rhode Island is the state's largest provider of health and human services to children and adults who are homeless or at risk of being homeless. Crossroads used its grant from the Rhode Island Oral Health Access Project to obtain status as a Federally Qualified Health Center (FQHC) from the Center for Medicare and Medicaid Services. Crossroads Rhode Island can now bill for the services it provides to clients with Medicaid and/or Medicare coverage.

Crossroads also has added a full-time dentist funded through the National Health Service Corps for three years, expanded its number of dental operatories, and improved its administrative capabilities to improve patient scheduling, reporting and billing. It is seeking to maintain a full-time dentist to complement its cadre of dentists who volunteer their time.

Nearly 400 patients received care at Crossroads' dental clinic in its first year of operation at the new site. This included 282 new patients, which is a 68% increase over the previous year, and a total of 1,292 patient visits, an increase of 153%.



The Rhode Island Foundation has invested more than \$1.5 million in oral health initiatives over the past decade, including the Providence Smiles Program and improvements in the oral health infrastructure throughout the state.

► Dental Care for Elderly Nursing Home Residents

Annually, there are approximately 11,750 Medicaid recipients in Rhode Island's nursing homes. Between 2001 and 2002, only 29% of elderly Medicaid recipients in Rhode Island nursing homes received any dental services. With projections that Rhode Island's population over age 65 will increase by up to 32% by 2020, and with the serious health consequences associated with lapsed dental care, it is no exaggeration to term the lack of sufficient oral health services for the nursing home population a crisis.

[SOURCE: The Rhode Island Foundation, "Oral Health Care in Rhode Island Nursing Homes: The Crisis and Possible Solutions," 2005.]

CareLink, Inc.

Using its grant from the Rhode Island Oral Health Access Project, CareLink planned to develop a new business model that would result in expanded oral health access for nursing home residents in Rhode Island. CareLink developed several business plan scenarios, all of which showed that no provider could sustain dental services for nursing home residents under the current system's reimbursement rates. The Rhode Island Foundation convened two meetings to discuss the implications of these findings.

CareLink continues to explore ways to increase access to dental services for nursing home residents. CareLink has subsequently hired a staff dentist as part of its Programs of All-Inclusive Care for the Elderly (PACE) initiative. The dentist is currently providing dental services to PACE members and to residents of CareLink-member nursing homes.

► Donated Dental Care for the Elderly and Disabled

The Donated Dental Services Program of the Rhode Island Foundation of Dentistry for the Handicapped

Hundreds of private dentists across Rhode Island provide dental care either free of charge or at a reduced fee each year. There are 170 dentists (one-third of the members of the Rhode Island Dental Association) who volunteer specifically through the Donated Dental Services program at the Rhode Island Foundation of Dentistry for the Handicapped. With the support of a Rhode Island Oral Health Access Project grant and funds from other sources, the Donated Dental Services program generated \$400,571 worth of dental treatment and lab services for 144 disabled or aged Rhode Islanders by linking them with volunteer dentists and laboratories.

► Oral Health Education in the Community

Federal Hill House, Providence

With its grant, Federal Hill House provided educational workshops about oral health in English and Spanish for parents, pregnant women and child care providers. The Bundles of Joy program educated more than 160 adults through the workshops, provided case management services for 65 families, and referred 36 children for needed dental care. Federal Hill House also is working with a dentist to develop a simple dental assessment that can be used to determine the level and type of oral health conditions present in the children and adults who participate in its programs.

"Most of the people our program has worked with have expressed that it is very difficult for them to find dentists that accept Medical Assistance. They have severe dental problems, such as toothaches, cavities and bleeding gums. Some of them did not have any idea of what dental hygiene meant. They were very surprised to learn of the consequences of not having good dental health."

Bringing Dental Care to Where the Children Are—In School



The “[Providence Smiles](#)” program of [St. Joseph Health Services](#) was the vanguard of school-linked dental services for the state of Rhode Island. The “Smiles” programs in Providence, Pawtucket, Burrillville, Newport, Middletown, and Woonsocket operate using a mobile dental team that provides examinations, cleanings, sealants, and oral health education in the schools and connects children to on-going primary dental care in their local community.

When dental services are available at school, children do not have to miss as much class time to go to their dental appointments and parents do not have to take time off from work to bring them. For many children, these are their first-ever dental examinations.

The “Smiles” programs operate using a mobile dental team that provides examinations, cleanings, sealants, and oral health education in the schools.

Pawtucket Smiles

Pawtucket was the first community to replicate the “Smiles” model, and a grant from the Rhode Island Oral Health Access Project enabled St. Joseph Health Services to expand the Pawtucket Smiles program from three to six elementary schools.

Pawtucket Smiles provided 2,758 dental exams and 1,249 dental cleanings and fluoride treatments to children during the 2004-2005 school year. More than 400 children received dental sealants, which are plastic coatings placed on molars to help prevent tooth decay. Children found to have serious dental problems (nearly half of those who were examined) were treated at St. Joseph Health Services’ Fatima Health Center in Pawtucket.

East Bay Smiles

East Bay Community Action Program developed the East Bay Smiles program, which provided dental examinations to 763 children in Newport and Middletown elementary schools during the 2004-2005 school year. Of the 763 who were examined, 375 enrolled in the school-based dental program. Nearly all of those enrolled (358) received dental cleanings and fluoride treatments, and 184 children received sealants. More than 700 children received dental hygiene education in classroom settings and 375 received one-on-one instruction by the dental hygienist.



School-Linked Dental Services in Burrillville

Northwest Community Health Center established school-linked dental services in the Burrillville school district and improved the service capacity at its dental center. Northwest provided nearly 1,000 dental screenings in the Burrillville elementary schools and has expanded its dental services to 800 middle school students. Approximately 25% of the elementary school students screened were found to need follow-up care at the dental center. Northwest is using data from a survey of more than 600 parents to design its school-linked dental services.

Expanded Treatment Capacity at Northwest Community Health Center

To respond to the treatment demand created by the identification of dental needs through its school-linked services, the Northwest Community Health Center hired a second full-time dentist, one full-time hygienist, one full-time dental assistant, and added three new dental operatories.

Also, due to increased outreach efforts by its Dental Coordinator hired with its Oral Health Access Project grant, Northwest's "no-show" rate for dental appointments declined from 38% before the school-linked project to 20% after the project.

Northwest also has been treating ambulatory patients from five local nursing homes.

Thundermist Health Center's School-Community Dental Program

With its funding from the Rhode Island Oral Health Access Project, Thundermist Health Center in Woonsocket provided dental care to children in schools and at community organizations. During its first year of operation, the program provided dental services to 781 children in five elementary schools, one middle school, four Head Start sites, one community-based organization, and four sites of the Northern Rhode Island Collaborative, a school that serves children with special needs. More than half (54%) of the children seen at all sites needed more intensive follow-up treatment at the dental center. Thundermist has secured additional funding for the program and has added sites in Kent County, South County, North Providence and Johnston.






We can

CLOSE THE GAP
IN ACCESS TO DENTAL CARE

Next Steps

The Rhode Island Oral Health Access Project has played an important part in improving access to dental services. There is still much that needs to be done to keep up the momentum. Strategies that accomplish the following will enable all Rhode Islanders to receive access to high quality oral health services.

- Ensure adequate financing for dental services for children and adults.
- Continue to strengthen the infrastructure of dental safety net providers, including hospitals and community health centers, and offer dental services for the elderly, homeless and disabled.
- Ensure that private dentists remain significant providers of dental services for low-income and vulnerable populations.
- Implement recruitment and retention strategies to ensure an adequate dental workforce.
- Develop local and statewide data systems for oral health to inform policy changes and measure progress.



Ensuring adequate financing
for dental services for children
and adults is essential to
improving access to care.

Summary of Grants

Organization	Grant Amount	Contact Person(s)	Phone
WORKFORCE			
Joseph Samuels Dental Center at Rhode Island Hospital / General Practice Residency	\$90,000	Shirley Spater, DMD, MPH	(401) 444-5995
St. Joseph Health Services / Pediatric Residency	\$101,000	Christine Vallee	(401) 456-4054
SAFETY NET			
CareLink, Inc.	\$65,100	Joan Kwiatkowski	(401) 490-7610
Crossroads Rhode Island	\$56,636	Jennifer Schanck-Bolwell	(401) 521-2255
Donated Dental Services / Rhode Island Foundation of Dentistry for the Handicapped	\$15,000	Nicholas Barone, DDS	(401) 353-1292
Federal Hill House	\$21,000	Marilyn Grubb	(401) 421-4722
Providence Community Health Centers	\$70,000	Merrill Thomas	(401) 444-0400
Rhode Island Health Center Association	\$5,000	Kerrie Jones Clark	(401) 274-1771
Ronald McDonald House Charities Care Mobile	\$35,708		
Comprehensive Community Action Program		Joanne McGunagle	(401) 467-9610
East Bay Community Action Program		Dennis Roy	(401) 847-7821
Ronald McDonald House Charities of Eastern New England		Edie Stevenson	(603) 544-2039
Thundermist Health Center		Maria Montanaro	(401) 767-4163
St. Joseph Health Services' Program Planning Grant	\$7,051	Christine Vallee	(401) 456-4054
Thundermist Health Center / West Warwick	\$33,950	Stephanie McCaffrey	(401) 615-2800
SCHOOL-LINKED DENTAL SERVICES			
East Bay Community Action Program	\$71,362	Dennis Roy	(401) 847-7821
Northwest Community Health Center	\$64,565	Peter Bancroft	(401) 568-7664
St. Joseph Health Services / Pawtucket Smiles	\$25,875	Christine Vallee	(401) 456-4054
Thundermist Health Center / School-Community Program	\$75,061	Maria Montanaro	(401) 767-4163

Acknowledgements

The Rhode Island Oral Health Access Project Advisory Committee, comprised of a wide range of stakeholders in the dental community, advised the Rhode Island Oral Health Access Project during its three year existence. Representatives from the following organizations were involved:

Blue Cross Blue Shield of Rhode Island

CHILD, Inc.

Community College of Rhode Island

Crossroads Rhode Island

Delta Dental of Rhode Island

Family Voices at the Rhode Island Parent Information Network

Hasbro Children's Hospital

Joseph Samuels Dental Center at Rhode Island Hospital

Neighborhood Health Plan of Rhode Island

Rhode Island Dental Association

Rhode Island Dental Hygienists' Association

Rhode Island Department of Children, Youth and Families

Rhode Island Department of Health

Rhode Island Department of Human Services

Rhode Island Health Center Association

Rhode Island KIDS COUNT

Rhode Island State Senate

St. Joseph Hospital for Specialty Care

The Poverty Institute at Rhode Island College

The Rhode Island Foundation

UnitedHealthcare

Wood River Health Services

For more information on the Rhode Island Oral Health Access Project, contact:

Rhode Island Department of Human Services

Tricia Leddy, (401) 462-2127

The Rhode Island Foundation

Owen Heleen, (401) 274-4564

Rhode Island KIDS COUNT

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